

# GL Gloucestershire Mock 2

## Answer Sheets



DATE OF TEST					
Day		Month		Year	

DATE OF BIRTH					
Day		Month		Year	

Candidate's Name:

School Name:

# GL Gloucestershire Mock 2 Verbal Skills

Please mark the boxes with a thin horizontal line like this . Rub out mistakes thoroughly.

## English Practice Questions

A	Example
	A <input type="checkbox"/>
	B <input type="checkbox"/>
	C <input checked="" type="checkbox"/>
	D <input type="checkbox"/>
	E <input type="checkbox"/>

1	Practice
	A <input type="checkbox"/>
	B <input type="checkbox"/>
	C <input type="checkbox"/>
	D <input type="checkbox"/>
	E <input type="checkbox"/>

2	Practice
	A <input type="checkbox"/>
	B <input type="checkbox"/>
	C <input type="checkbox"/>
	D <input type="checkbox"/>
	E <input type="checkbox"/>

B	Example
	A <input checked="" type="checkbox"/>
	B <input type="checkbox"/>
	C <input type="checkbox"/>
	D <input type="checkbox"/>
	E <input type="checkbox"/>

3	Practice
	A <input type="checkbox"/>
	B <input type="checkbox"/>
	C <input type="checkbox"/>
	D <input type="checkbox"/>
	E <input type="checkbox"/>

C	Example
	A <input checked="" type="checkbox"/>
	B <input type="checkbox"/>
	C <input type="checkbox"/>
	D <input type="checkbox"/>
	N <input type="checkbox"/>

4	Practice
	A <input type="checkbox"/>
	B <input type="checkbox"/>
	C <input type="checkbox"/>
	D <input type="checkbox"/>
	N <input type="checkbox"/>

## Section 1: Comprehension

1
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

2
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

3
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

4
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

5
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

6
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

7
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

8
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

9
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

10
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

11
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

12
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

13
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

## Section 2: Spelling

<b>14</b>		
A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
N	<input type="checkbox"/>	

<b>15</b>		
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B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
N	<input type="checkbox"/>	

<b>16</b>		
A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
N	<input type="checkbox"/>	

<b>17</b>		
A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
N	<input type="checkbox"/>	

## Section 3: Punctuation

<b>18</b>		
A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
N	<input type="checkbox"/>	

<b>19</b>		
A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
N	<input type="checkbox"/>	

<b>20</b>		
A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
N	<input type="checkbox"/>	

<b>21</b>		
A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
N	<input type="checkbox"/>	

## Section 4: Sentence Completion

<b>22</b>		
A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
E	<input type="checkbox"/>	

<b>23</b>		
A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
E	<input type="checkbox"/>	

<b>24</b>		
A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
E	<input type="checkbox"/>	

<b>25</b>		
A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	
E	<input type="checkbox"/>	

# GL Gloucestershire Mock 2 Verbal Skills

Please mark the boxes with a thin horizontal line like this . Rub out mistakes thoroughly.

## Verbal Reasoning Practice Questions

A	Example
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

1	Practice
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

2	Practice
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

B	Example
A	<input checked="" type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

3	Practice
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

4	Practice
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

C	Example
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>
E	<input type="checkbox"/>

5	Practice
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

6	Practice
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

D	Example
A	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

7	Practice
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

8	Practice
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

## Verbal Reasoning Test Questions

<b>1</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>2</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>3</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>4</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>5</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>6</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>
<b>7</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>8</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>9</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>10</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>11</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>12</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>
<b>13</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>14</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>15</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>16</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>17</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>18</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>
<b>19</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>20</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>21</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>22</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>23</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>24</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>
<b>25</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>26</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>27</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>28</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>29</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>30</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>
<b>31</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>32</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>				

# GL Gloucestershire Mock 2

## Mathematical & Non-Verbal Skills

Please mark the boxes with a thin horizontal line like this . Rub out mistakes thoroughly.

### Non-Verbal Subtest 1 Practice Questions

A	Example	1	Practice	2	Practice
	a		a		a
	b		b		b
	c		c		c
	d		d		d
	e		e		e

### Non-Verbal Subtest 1 Test Questions

1	2	3	4	5
a	a	a	a	a
b	b	b	b	b
c	c	c	c	c
d	d	d	d	d
e	e	e	e	e

  

6	7	8	9	10
a	a	a	a	a
b	b	b	b	b
c	c	c	c	c
d	d	d	d	d
e	e	e	e	e

# GL Gloucestershire Mock 2

## Mathematical & Non-Verbal Skills

Please mark the boxes with a thin horizontal line like this . Rub out mistakes thoroughly.

### Non-Verbal Subtest 2 Practice Questions

A	Example	1	Practice	2	Practice
	a	a	a	a	a
	b	b	b	b	b
	c	c	c	c	c
	d	d	d	d	d
	e	e	e	e	e

### Non-Verbal Subtest 2 Test Questions

1	2	3	4	5
a	a	a	a	a
b	b	b	b	b
c	c	c	c	c
d	d	d	d	d
e	e	e	e	e

  

6	7	8	9	10
a	a	a	a	a
b	b	b	b	b
c	c	c	c	c
d	d	d	d	d
e	e	e	e	e

# GL Gloucestershire Mock 2

## Mathematical & Non-Verbal Skills

Please mark the boxes with a thin horizontal line like this . Rub out mistakes thoroughly.

### Non-Verbal Subtest 3 Practice Questions

A	Example	1	Practice	2	Practice
	a		a		a
	b		b		b
	c		c		c
	d		d		d
	e		e		e

### Non-Verbal Subtest 3 Test Questions

1	2	3	4	5
a	a	a	a	a
b	b	b	b	b
c	c	c	c	c
d	d	d	d	d
e	e	e	e	e

  

6	7	8	9	10
a	a	a	a	a
b	b	b	b	b
c	c	c	c	c
d	d	d	d	d
e	e	e	e	e

# GL Gloucestershire Mock 2

## Mathematical & Non-Verbal Skills

Please mark the boxes with a thin horizontal line like this . Rub out mistakes thoroughly.

### Spatial Subtest 1 Practice Questions

A	Example	1	Practice	2	Practice
	a	a	a	a	a
	b	b	b	b	b
	c	c	c	c	c
	d	d	d	d	d
	e	e	e	e	e

### Spatial Subtest 1 Test Questions

1	2	3	4	5
a	a	a	a	a
b	b	b	b	b
c	c	c	c	c
d	d	d	d	d
e	e	e	e	e

  

6	7	8	9	10
a	a	a	a	a
b	b	b	b	b
c	c	c	c	c
d	d	d	d	d
e	e	e	e	e

# GL Gloucestershire Mock 2

## Mathematical & Non-Verbal Skills

Please mark the boxes with a thin horizontal line like this . Rub out mistakes thoroughly.

### Spatial Subtest 2 Practice Questions

A	Example	1	Practice	2	Practice
	a	a	a	a	a
	b	b	b	b	b
	c	c	c	c	c
	d	d	d	d	d
	e	e	e	e	e

### Spatial Subtest 2 Test Questions

1	2	3	4	5
a	a	a	a	a
b	b	b	b	b
c	c	c	c	c
d	d	d	d	d
e	e	e	e	e

  

6	7	8	9	10
a	a	a	a	a
b	b	b	b	b
c	c	c	c	c
d	d	d	d	d
e	e	e	e	e

# GL Gloucestershire Mock 2

## Mathematical & Non-Verbal Skills

Please mark the boxes with a thin horizontal line like this . Rub out mistakes thoroughly.

### Mathematics Practice Questions

A	Example
A	<input checked="" type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

1	Practice
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

2	Practice
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

### Mathematics Test Questions

1
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

2
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

3
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

4
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

5
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

6
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

7
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

8
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

9
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

10
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

11
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

12
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

13
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

14
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

15
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <input type="checkbox"/>

**16**

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

**17**

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

**18**

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

**19**

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

**20**

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

**21**

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

**22**

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

**23**

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

**24**

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

**25**

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>